LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



!	Complete form and return to Board of Ethics, 2415 Quait Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.	Postmark Date: <u>5.20</u> Supp. L ACKV
ι.	NAME Cother I michael MI	1072329
2,	BUSINESS PHONE C225) 393-6W1	
3,	BUSINESS ADDRESS A203 Street and No. State 37 St	<u>1080</u> 8
	MAILING ADDRESS Some On City State	
	EMPLOYER Sent-employed	
ş.	EMPLOYER'S ADDRESS Street and No. City State	ုံး . ————————————————————————————————————
5.	Have you ceased or terminated all lobbying activities requiring registration? Ves No	<u>/</u>
7.	LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; person, group, or organization listed; (c) the type of business each is engaged in or the purpose or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of terminal	figuration of the organization or
	1. Nume ACE Cook Expens	
	Address 1931 Greening Dive Such 1000 Trans	11x 15028
	New Representation	• . <u></u>
	Does this person pay you?	

Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2.	Name
	Address
	Business or purpose
	New Representation : Does this person puty you?
	If No, who pays you?
	Terminated Representation as of
3.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and helief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Rev. 10(2002)